



## Toll Free Service - CBL

### Government Specific Information

Service Information			
Service Requested:			
Agency Name:			
Agency Service Request No.:			
Agency Billing Code:		Service Due Date:	
Hierarchy Code:			
Price Quote:			
Purchase Order No.:			
Project No.:			
Billing Type:	<input type="radio"/> Centralized Billing <input type="radio"/> Direct Billing		
Notification Status:			

Designated Agency Representative Information					
First Name:					
Last Name:					
Address:					
City:		State:		Zip:	
Email:					
Phone:					

Originating Local Government					
First Name:					
Last Name:					
SDP ID Originating:					
Address:					
City:		State:		Zip:	
Email:					
Phone:					

Terminating Local Government Contact					
First Name:					
Last Name:					
SDP ID Originating:					
Address:					
City:		State:		Zip:	
Email:					
Phone:					

Service Coordinator Information					
First Name:					
Last Name:					
Address:					
City:		State:		Zip:	
Email:					
Phone:					

## Setup Information

### Account Team Information

<b>Lead Sales Rep Information:</b>					
First Name:					
Last Name:					
SSN:		Vnet:		Bonus %:	
Email:				ERV %:	

### Order Information

<b>General</b>					
Attention OE Hub Rep Name:					
Standard Interval:					
Choose One:	<input type="radio"/> Standard Interval (above)		<input type="radio"/> Requested Due Date (below)		Expedite: <input type="radio"/> Yes <input type="radio"/> No
If Requested Due Date, Indicate Date:					
Order Type:	<input type="radio"/> CBL <input type="radio"/> None				
Will this CBL be used in conjunction with VNET Access Integration DTO/NCR?:				<input type="radio"/> Yes <input type="radio"/> No	
Is this number:	<input type="radio"/> New Install <input type="radio"/> Ported Toll-Free <input type="radio"/> N/A				
<b>Verification of Order:</b>					
Do you have an LOA for this order?:		<input type="radio"/> Yes <input type="radio"/> No			
<b>It is the Branch/Account Team's responsibility to ensure that an LOA is obtained and on file at their MCI location</b>					
Who will conduct verification of this order?:		<input type="radio"/> Branch/Account Team <input type="radio"/> Hub <input type="radio"/> No Verification – sensitive customer			
Verification Contact Name:					
Verification Phone #:		Hours Available:			
If Branch/Account Team, person that verified:					
Date Verified:					
<b>If No Verification, the Branch/Account Team is accepting responsibility for the Accuracy of the information contained in the order.</b>					

### Related Order Information

Are There Related or Integrated Orders?:	<input type="radio"/> Yes <input type="radio"/> No
Specify Related Order Numbers or Product Types:	

## Billing Information

<b>General:</b>			
Corporate ID:		Toll Free Corporate ID:	
Billing ID:	<input type="radio"/> New <input type="radio"/> Existing		
If Existing, Billing ID Number:			
NASP ID:		Sales City:	
Promo Code:			
Promo Level:		Term:	
<b>Company Billing Information:</b>			
Industry Type:			
Name:			
Address:			
Suite or Room #:			
City:			
State:		Zip:	
Country:			
<b>Billing Contact Information:</b>			
First Name:			
Last Name:			
Title:		Fax #:	
Phone #:		Contact Extension:	
<b>Billing Options:</b>			
Call Detail:	<input type="radio"/> Paper <input type="radio"/> Mag Tape <input type="radio"/> Both <input type="radio"/> N/A	If Mag Tape or Both, Then Tape Type:	<input type="radio"/> Tape, Low, ASCII <input type="radio"/> Tape, High, ASCII <input type="radio"/> Cartridge, High, ASCII <input type="radio"/> N/A

## Product Information

## Service Location Information

Customer Name:					
Termination Address:					
City:		State:		Zip:	
Terminating Contact Name:					
Terminating Contact Title:					
Terminating Contact Phone #:					
DTO/NCR Routing: DAL, Give Service #:					
CBL, give ANI#:					

## Toll Free Information

Total #'s Requested:		Vision (Parent) ID:	<input type="checkbox"/> New <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Convert <input type="checkbox"/> N/A		
Type of Service:	<input type="checkbox"/> Basic	<input type="checkbox"/> Extended Call Coverage (Basic, Canada, and Puerto Rico)	<input type="checkbox"/> Advanced (Attach Advanced Features form)	<input type="checkbox"/> Cross Corp	<input type="checkbox"/> N/A
Directory Assistance Listing:	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Directory Assistance Listing, Put On Next Line:		
Listing #1:			Listing #2:		

## Toll Free Detail

TOLL FREE NUMBER	NEW/PORTED N/P	LISTED LEAD ANI	BILLING ID (VLI ONLY)
8 - -		- -	
8 - -		- -	
8 - -		- -	
8 - -		- -	
8 - -		- -	
8 - -		- -	
8 - -		- -	
8 - -		- -	
8 - -		- -	
8 - -		- -	
8 - -		- -	
8 - -		- -	
8 - -		- -	
8 - -		- -	
8 - -		- -	
8 - -		- -	
8 - -		- -	
8 - -		- -	
8 - -		- -	
8 - -		- -	

### Remarks Information

[illegible]